497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER			/10/0000	Date Stamp	CALIFORNIA 107	
Joe Males		Date of O9/18/2020 This Filing		PEANITE	FORM 49/	
AREA CODE/PHONE NU	MBER I.D. NUMBER (if applicable)	Report No. 1	t	RECEIVED	For Official Use Only	
STREET ADDRESS CITY	STATE ZIP CODE	Amendment to Report No. (explain below) No. of Pages	×1 (SEP 18 2020 City Clerk's Office City of Hemet		
1. Contribution(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		
08/26/2020	Tom Taylor		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$50.00 Check if Loan Provide interest rate	
08/26/2020	Laura Verdoga		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100.00 Check if Loan Provide interest rate	
09/17/2020	Hemet Land Management		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		2,000.00 ☐ Check if Loan	
Reason for Amendment:				* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busir PTY - Political Party SCC - Small Contributor		